

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		1		1			53						
4		1		1			54						
5		1		1			55						
6		1		1			56						
7		2		1			57						
8		2		1			58						
9		1		1			59						
10		1		1			60						
11		0		0			61						
12		0		1			62						
13		0		1			63						
14		0		1			64						
15		0		1			65						
16	1		1				66						
17		0		1			67						
18		0		1			68						
19		0		1			69						
20		0		1			70						
21	1						71						
22	1		1				72						
23		0		0			73						
24		0		1			74						
25		0		1			75						
26		0		1			76						
27		0		1			77						
28		0		1			78						
29	1						79						
30	1		1				80						
31		1		1			81						
32		1		1			82						
33		3		1			83						
34	1						84						
35	1		1				85						
36		1		1			86						
37		2		1			87						
38		2		1			88						
39		2		1			89						
40		0		1			90						
41		0		1			91						
42	1						92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			5				TOTAL IND.						
TOTAL DEP.			33				TOTAL DEP.						
TOTAL CLAIMS			38				TOTAL CLAIMS						